

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

## BRAIN AND SPINAL CORD INJURY PROGRAM CENTRAL REGISTRY REFERRAL FORM

*Florida Statute 381.74 requires that every public and private health agency, public and private social agency, and attending physician report persons who have sustained a Moderate-to-Severe brain or spinal cord injury to the Brain and Spinal Cord Injury Program (BSCIP) Central Registry within five (5) days of injury identification or diagnosis.*

**PATIENT / CLIENT REFERRAL INFORMATION    \*\*SURVIVE ACUTE \_\_\_\_YES \_\_\_\_NO**

\*Referral Date: \_\_\_\_\_

\*Client I.D. (Social Security #) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Medicaid #: \_\_\_\_\_

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_ M. I. \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_

\*Zip Code: \_\_\_\_\_ \*County \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Hispanic \_\_\_\_\_

Supportive Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_ S.C. Ph. (\_\_\_\_) \_\_\_\_\_

\*Reporting Facility \_\_\_\_\_ Treatment Stage \_\_\_\_\_

\*Reporter Name \_\_\_\_\_ \*Rep. Ph. (\_\_\_\_) \_\_\_\_\_ Ext.# \_\_\_\_\_

Source \_\_\_\_\_ Trauma # \_\_\_\_\_ Medical Record # \_\_\_\_\_

Date of Injury \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Injury Address \_\_\_\_\_ Injury County \_\_\_\_\_ Activity \_\_\_\_\_

ETOH/Drug \_\_\_\_\_ Protection \_\_\_\_\_ Position \_\_\_\_\_ Etiology/Cause \_\_\_\_\_

Date of Admission \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Date Brain and/or Spinal Cord Injury Identified \_\_\_\_/\_\_\_\_/\_\_\_\_

### BRAIN INJURY INFORMATION

**\*\*\* A BRAIN INJURY MUST BE REPORTED TO THE CENTRAL REGISTRY IF GLASGOW SCORE IS 12 OR BELOW AND THE RANCHO SCORE IS 8 OR BELOW. \*\*\***

\*Rancho Score \_\_\_\_\_ \*Glasgow Score \_\_\_\_\_ \*Open/Closed: \_\_\_\_\_

Altered Sensorium: Yes or No Ventilator: Yes or No

ICD-9 Codes \_\_\_\_\_

### SPINAL CORD INJURY INFORMATION

**\*\*\* A SPINAL CORD INJURY MUST BE REPORTED IF 2 OUT OF 3 OF THE FOLLOWING DEFICITS ARE PRESENT. \*\*\*\***

\*Para/Quad Level \_\_\_\_\_ \*Extent of Lesion \_\_\_\_\_ Ventilator: Yes or No

\*Sensory Deficit: Yes or No \*Motor Deficit: Yes or No \*Bowel/Bladder Deficit: Yes or No

I CD-9 Codes \_\_\_\_\_

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#### Florida Department of Health

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